

## SAMPLE APPROVED PROTOCOLS

### ADMINISTRATION OF NEBULIZED ALBUTEROL FOR THE EMERGENCY MEDICAL CARE OF SEVERE ASTHMA

PROVIDER NAME: \_\_\_\_\_ PROVIDER NO. 60 \_\_\_\_\_

This protocol may be used by properly trained and licensed EMTs for the treatment of severe asthma or COPD. EMTs-basic must obtain a direct voice order from the medical control physician in all cases **prior** to administration of nebulized albuterol.

- I. Nebulized Albuterol: For treatment of patient with known asthma or COPD who is found to be wheezing and in respiratory distress
  - A. Perform initial assessment
  - B. Perform focused history and physical exam
    1. History of asthma?
    2. Onset and progression since onset? When was last attack?
    3. Interventions (previous inhaler or injection)? When?
    4. Is the patient taking steroids or Theophylline?
  - C. Assess baseline vital signs and SAMPLE history
    1. Auscultate the chest, listening for diminished air movement and/or wheezing
    2. Has the patient ever been intubated for asthma or COPD?
  - D. Administer oxygen (if not done previously) and assist with ventilation as needed
  - E. Contact medical control - specifically request implementation of nebulized albuterol protocol, reporting assessment findings including any possible contraindications
  - F. Obtain voice authorization, including dosage; repeat order back to physician
  - G. Verify correct medication and that medication is not expired
  - H. Describe procedure to patient; obtain consent
  - I. If authorization granted, administer albuterol via nebulizer
    1. Administer 2.5 mg. of the pre-mixed solution to each adult patient
    2. Administer 1/2 of the adult dose to patient's under 6 years of age
    3. Advise patient to inhale and encourage to breath as deeply as possible

**If authorization for nebulized albuterol protocol is not granted - transport, continue to monitor patient and maintain contact with medical control.**

- J. Record actions, transport and continue to closely monitor patient and vital signs
- K. Consider need for Advanced Life Support
- L. Treatment may be repeated with physician authorization

Approved by: \_\_\_\_\_ Medical Director (Print)  
\_\_\_\_\_ Medical Director (Signature)  
\_\_\_\_\_ Date